Use This Form For **SUMMER CAMP REGISTRATION**

TOWN OF ISLIP CAMP REGISTRATION FORM

								No	
	CTDEET				TC	214/61		ZIP	
								 .	
Work Phone Father' Cell Phone Emerg. Contact Name									
			SESS	SESSION LETTER CHOICE					
D.O.B.	PROGRAM	ACTIVITY #	1st				LOCATION	FEE	
Please list any medical or behavioral concerns that would be helpful for staff to know, to provide a safe and happy experience for your child									
Is your child currently on any medication, including inhalers?									
Method of Payment: ☐ Check ☐ Charge Total Amount \$								<u> </u>	
MasterCard / Visa Acct. No Expiration Date							Expiration Date		
□ Yes □ No	(If no, please enclose one)							
Current Registration Card No Expiration Date									
I hereby give my permission for my child to participate in all program activities. I understand that continued misbehavior on the part of my child will result in dismissal from the program, without consideration of a refund.									
I hereby give permission for the above registered child to accompany the Recreation Department on the local included trips. I understand that in case of inclement weather some outdoor trips my be cancelled. I will have my child abide by the rules and policies of the Town of Islip. My consent is given with the understanding that the group will be excorted by recreation staff. I also understand the NO REFUNDS will be issued.									
The Town of Islip reserves the right to refuse entrance or eject any person whose conduct management deems to be disruptive or in poor taste and will not accept responsibility for damaged or lost personal items. Parent's or guardian's signature denotes agreement top hold the Town of Islip and its employees from any claims or causes of action arising out of participation in the event set forth herein above.									
Signature									
For Office Use Only: BC RC							\$ C	Codes	
	D.O.B. I concerns that would the concerns the concerns the concerns the concerns the concerns the concerns that would the concerns	Nother's Cell Phone Father' Cell Phone Father' Cell Phone PROGRAM	STREET Mother's Cell Phone Father' Cell Phone D.O.B. PROGRAM ACTIVITY # Concerns that would be helpful for staff to know, to provide a safe attion, including inhalers? Charge Yes No (If no, please enclose one) Child to participate in all program activities. I understand that continuities and policies of the Town of Islip. My consent is given with the understand to refuse entrance or eject any person whose conduct management re denotes agreement top hold the Town of Islip and its employees.	Mother's Cell Phone Father' Cell Phone D.O.B. PROGRAM ACTIVITY # SESS 1st Concerns that would be helpful for staff to know, to provide a safe and happy tion, including inhalers? Charge No (If no, please enclose one) Expire thild to participate in all program activities. I understand that continued misbel we registered child to accompany the Recreation Department on the local inclies and policies of the Town of Islip. My consent is given with the understanding or refuse entrance or eject any person whose conduct management deems to re denotes agreement top hold the Town of Islip and its employees from any or	STREET Mother's Cell Phone Father' Cell Phone D.O.B. PROGRAM ACTIVITY # 1st 2nd Concerns that would be helpful for staff to know, to provide a safe and happy experiention, including inhalers? Charge Yes No (If no, please enclose one) Expiration Date child to participate in all program activities. I understand that continued misbehavior on we registered child to accompany the Recreation Department on the local included trips and policies of the Town of Islip. My consent is given with the understanding that the orefuse entrance or eject any person whose conduct management deems to be disruited enotes agreement top hold the Town of Islip and its employees from any claims or	STREET Mother's Cell Phone Father' Cell Phone D.O.B. PROGRAM ACTIVITY # SESSION LETTER C 1st 2nd 3rd ACTIVITY # Concerns that would be helpful for staff to know, to provide a safe and happy experience for yetion, including inhalers? Charge Yes No (If no, please enclose one) Expiration Date Expiration Date Per registered child to accompany the Recreation Department on the local included trips. I under sand policies of the Town of Islip. My consent is given with the understanding that the group we redenotes agreement top hold the Town of Islip and its employees from any claims or causes	STREET Mother's Cell Phone Father' Cell Phone Bemerg. Phone D.O.B. PROGRAM ACTIVITY # SESSION LETTER CHOICE 1st 2nd 3rd 4th Concerns that would be helpful for staff to know, to provide a safe and happy experience for your child lition, including inhalers? Charge Yes No (If no, please enclose one) Expiration Date Expiration Date Town of Islip. My consent is given with the understanding that the group will be exported enclose of the Town of Islip. My consent is given with the understanding that the group will be exported enclose agreement top hold the Town of Islip and its employees from any claims or causes of action	STREET TOWN Mother's Cell Phone Emerg. Phone Father' Cell Phone SESSION LETTER CHOICE D.O.B. PROGRAM ACTIVITY # SESSION LETTER CHOICE 1st 2nd 3rd 4th LOCATION Concerns that would be helpful for staff to know, to provide a safe and happy experience for your child tition, including inhalers? Charge Total Amount \$ Expiration Date SExpiration Date Expiration Date Expiration Date Sexpiration Date Total Amount \$ Expiration Date Total Amount \$ Expirat	